

CALIFORNIA CORRECTIONS STANDARDS AUTHORITY 2011 STATUS OFFENDER DETENTION REPORT

- SEND IN A SEPARATE REPORT FOR EACH STATUS OFFENDER (WIC 601) HELD IN DETENTION.
- SUBMIT REPORT BY THE 10TH OF THE MONTH FOLLOWING THE MINOR'S RELEASE.

 QUESTIONS? Call 916.323.9704

Section A-Facility Information					
Facility Name:					
County:					
Section B-Minor's Information					
Minor's Name:	Gender: ☐M ☐F	Minor's County ID#:			
Intake Date (m/d/yy):	Intake Time	Intake Time (Please indicate if this time is AM or PM):			
Detention Hearing Date (m/d/yy): Indicate N/A if not applicable.		Detention Hearing Time : (Please indicate if this time is AM or PM)			
Release Date (m/d/yy):	Release Tir	Release Time (Please indicate if this time is AM or PM):			
TOTAL TIME IN	SECURE DET	ENTION:			
Less than 24 Hours 24			4 Hours or More		
Section C-Type of Status Offense					
Please Check Reason for Detention Below Indicate Pre or Post Disposition at Right			Disposition (CHECK ONLY ONE)		
maioate i le ci i cot pioposition at ragin			Pre- Disposition	Post- Disposition	
□ Runaway Indicate Residency: □ CA Resident □ Out of State Resident (I	Interstate Compact I	Filed? YES ☐ NO ☐)			
☐ Truancy					
☐ Curfew					
☐ Beyond Control of Parents					
☐ Possession of Alcohol - B&P Code 25662(a)					
☐ Bench Warrant					
☐ Committed to Juvenile Hall (Found in Conte	empt of Court)				
Court Date Court Time					
**Attach a copy of the Minute Order specifying terms <u>ANI</u> Please submit separate form for each admission if minor					
Section D-Reporting Information					
Person Reporting (Name and Title):	Date:	Phone: E-Mail:			
Facility Manager (Name and Title):	Date:	Phone: E-Mail:			

Submit Completed Report to:

E-Mail: analyst@cdcr.ca.gov/ FAX: 916.322.2461 or 916.327.3317

Mail: ANALYST, Corrections Standards Authority * 600 Bercut Drive * Sacramento CA 95811 This form may be downloaded at: http://www.cdcr.ca.gov/CSA/FSO/Status_Offenders.html